

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4-1-14

Street: EASTERN BLVD AT

Incident #: 14ISPC002662

HOSPITALITY WAY

County: CLARK

Apt, Lot, Room #:

City: CLARKSVILLE

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): VEHICLE CAB  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Flammable Solvents: VEHICLE  
☒ Water Reactive Metal (Lithium): VEHICLE

- ☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: VEHICLE  
☒ Corrosive Base: VEHICLE  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☐ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: BENITA AND TERRY  
MCDONALD  
VIN: 1GCEK14W5YZ349151  
Year: 2000

Make: CHEV  
Model: TRUCK  
Color: BLACK

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: CLARKSVILLE FIRE  
Health Department County: CLARK  
Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov)

Fax: 812-283-4471  
Fax: EMAILED  
Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: JACKIE SMITH Phone 812-246-5424

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.